	President	Tennessee	
	DESIGNATION OF PRING	CIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following	ng named political committee as my F	2010	_ election(s).
NOTE: This designation shoul	d be filed with the appropriate office I	year of election (year of election) (year of election)	n)
(a) Name of Committee (in ful	)		<del></del>
committee to	elect Lawson Pres	ident 2016	
(b) Address (number and street	et)		
106 faith dri	ve, Clarksville, '	Cennessee 37042	
(c) City, State, and ZIP Code	, o, olding ille;	emicocci, 57 042	
	DESIGNATION OF OTHE	R AUTHORIZED COMMITTEES	· · · · · · · · · · · · · · · · · · ·
		Indraising Representatives)	
8. I hereby authorize the following	g named committee, which is NOT m	y principal campaign committee, to receive and exper	nd funds on beha
• .			
candidacy.			
candidacy.	d be filed with the principal campaign		
candidacy.			
candidacy.  NOTE: This designation shoul		committee.	
candidacy.  NOTE: This designation shoul	)		
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in full  (b) Address (number and street	)	committee.	
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in ful	)	committee.	
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in full  (b) Address (number and street	)	committee.	
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in full  (b) Address (number and street)  (c) City, State, and ZIP Code	et)	committee.	
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in full  (b) Address (number and street)  (c) City, State, and ZIP Code	et)	committee.	
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in ful  (b) Address (number and street)  (c) City, State, and ZIP Code	et)	best of my knowledge and belief it is true, correct an	d complete,
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in ful  (b) Address (number and street)  (c) City, State, and ZIP Code	et)	best of my knowledge and belief it is true, correct an	d complete,
candidacy.  NOTE: This designation shoul  (a) Name of Committee (in ful  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have	re examined this Starement and to the	best of my knowledge and belief it is true, correct an	d complete.

6. State & District of Candidate

FEC FORM 2 (REV. 02/2009)

5. Office Sought

4. Party Amiliation

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USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
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	7/23/15
PREPARER (3/2015)	DATE PREPARED